SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

UNDERGROUND STORAGE TANKS – TANK PAGE 1

TANKS (two pages per tank)

Page ____ of ____

TYPE OF ACTION (Check one item only) ☐ 1. NEW SITE PERMIT ☐ 4. AMENDED PERMIT _____ (Specify reason – for local use only) ☐ 5. CHANGE OF INFORMATION _____ (Specify reason – for local use only) ☐ 6. TEMPORARY SITE CLOSURE ☐ 7 PERMANENTLY CLOSED ON SITE ☐ 3 RENEWAL PERMIT ☐ 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 | FACILITY ID: 3 7 [ ] 0 0 0 [ ] [ ] [ ] [ ] [ ] [ ] [ ] 1

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK ☐ Yes ☐ No 434 If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439
☐ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
☐ 2. NON-FUEL PETROLEUM
☐ 3. CHEMICAL PRODUCT
☐ 4. HAZARDOUS WASTE (Includes Used Oil)
☐ 95. UNKNOWN

PETROLEUM TYPE 440
☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER ____

COMMON NAME (from Hazardous Materials Inventory page) 441

CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 443
☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM ☐ 95. UNKNOWN
☐ 2. DOUBLE WALL ☐ 4. SINGLE WALL IN VAULT ☐ 99. OTHER _____

TANK MATERIAL– primary tank (Check one item only) 444
☐ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/ 100% METHANOL ☐ 99. OTHER _____

TANK MATERIAL – secondary tank (Check one item only) 445
☐ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/ 100% METHANOL ☐ 99. OTHER _____
☐ 10. COATED STEEL

TANK INTERIOR LINING OR COATING (Check one item only) 446
☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN
☐ 2. ALKYD LINING ☐ 4. PHENOLIC LINING ☐ 6. UNLINED ☐ 99. OTHER _____

DATE INSTALLED 447 _____/_____/_____ (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) 448 449
☐ 1 MANUFACTURED CATHODIC PROTECTION ☐ 3 FIBERGLASS REINFORCED PLASTIC ☐ 95 UNKNOWN
☐ 2 SACRIFICIAL ANODE ☐ 4 IMPRESSED CURRENT ☐ 99 OTHER _____ (For local use only)

SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED 452
☐ 1 SPILL CONTAINMENT	_____/_____/_____	_____	☐ 1. ALARM	_____/_____/_____
☐ 2 DROP TUBE	_____/_____/_____	_____	☐ 2. BALL FLOAT	_____/_____/_____
☐ 3 STRIKER PLATE	_____/_____/_____	_____	☐ 3. FILL TUBE SHUTOFF VALVE	_____/_____/_____
			☐ 4. EXEMPT	

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453
☐ 1 VISUAL (EXPOSED PORTION ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG)
☐ 3 CONTINUOUS ATG
☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING
☐ 5 MANUAL TANK GAUGING (MTG)
☐ 6 VADOSE ZONE
☐ 7 GROUNDWATER
☐ 8 TANK TESTING
☐ 99 OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☐ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
_____/_____/_____	_____ gallons	☐ Yes ☐ No

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR Section 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business as.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check "other" and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check "other" and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check "other" and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check "other" and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

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UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply) Page of

UNDERGROUND PIPING					ABOVEGROUND PIPING				
SYSTEM TYPE	☐ 1. PRESSURE	☐ 2. SUCTION	☐ 3. GRAVITY	458	☐ 1. PRESSURE	☐ 2. SUCTION	☐ 3. GRAVITY		459
CONSTRUCTION	☐ 1. SINGLE WALL	☐ 3. LINED TRENCH	☐ 99. OTHER	460	☐ 1. SINGLE WALL		☐ 95. UNKNOWN		462
MANUFACTURER	☐ 2. DOUBLE WALL	☐ 95. UNKNOWN	_____		☐ 2. DOUBLE WALL		☐ 99. OTHER _____		
MANUFACTURER	_____			461	MANUFACTURER _____				463
☐ 1. BARE STEEL	☐ 6. FRP COMPATIBLE w/100% METHANOL				☐ 1. BARE STEEL	☐ 6. FRP COMPATIBLE W/100% METHANOL			
☐ 2. STAINLESS STEEL	☐ 7. GALVANIZED STEEL	☐ 95. UNKNOWN			☐ 2. STAINLESS STEEL	☐ 7. GALVANIZED STEEL		☐ 95. UNKNOWN	
☐ 3. PLASTIC COMPATIBLE W/ CONTENTS		☐ 99. OTHER			☐ 3. PLASTIC COMPATIBLE W/ CONTENTS			☐ 99. OTHER	
☐ 4. FIBERGLASS	☐ 8. FLEXIBLE (HDPE)	_____			☐ 4. FIBERGLASS	☐ 8. FLEXIBLE (HDPE)		_____	
☐ 5. STEEL W/COATING	☐ 9. CATHODIC PROTECTION			464	☐ 5. STEEL W/COATING	☐ 9. CATHODIC PROTECTION			465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING 466	**SINGLE WALL PIPING** 467
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply):
☐1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	☐1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
☐2. MONTHLY 0.2 GPH TEST	☐2. MONTHLY 0.2 GPH TEST
☐3. ANNUAL INTEGRITY TEST (0.1GPH)	☐3. ANNUAL INTEGRITY TEST (0.1GPH)
	☐4. DAILY VISUAL CHECK
CONVENTIONAL SUCTION SYSTEMS	CONVENTIONAL SUCTION SYSTEMS (Check all that apply)
☐5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	☐5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUNDPIPING):	☐6. TRIENNIAL INTEGRITY TEST (0.1 GPH)
☐7. SELF MONITORING	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):
GRAVITY FLOW	☐7. SELF MONITORING
☐9. BIENNIAL INTEGRITY TEST (0.1 GPH)	GRAVITY FLOW (Check all that apply):
	☐8. DAILY VISUAL MONITORING
	☐9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	**SECONDARILY CONTAINED PIPING**
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply):
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VIISUAL ALARMS AND (Check one)
☐a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	☐a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
☐b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	☐b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
☐c. NO AUTO PUMP SHUT OFF	☐c. NO AUTO PUMP SHUT OFF
☐11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION	☐11. AUTOMATIC LEAK DETECTOR
☐12. ANNUAL INTEGRITY TEST (0.1 GPH)	☐12. ANNUAL INTEGRITY TEST (0.1 GPH)
SUCTION/GRAVITY SYSTEM	SUCTION/GRAVITY SYSTEM
☐13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	☐13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
EMERGENCY GENERATORS ONLY (Check all that apply)	**EMERGENCY GENERATORS ONLY** (Check all that apply)
☐14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS	☐14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS
☐15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION	☐15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
☐16. ANNUAL INTEGRITY TEST (0.1 GPH)	☐16. ANNUAL INTEGRITY TEST (0.1 GPH)
☐17. DAILY VISUAL CHECK	☐17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT DATE INSTALLED 468 _____/_____/_____

☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE
☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS
☐ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS
☐ 4. DAILY VISUAL CHECK
☐ 5. TRENCH LINER / MONITORING
☐ 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE _____/_____/_____ 470
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR 472

Permit Number (For local use only) 473 Permit Approved (For local use only) 474 Permit Expiration Date (For local use only) 475

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system
459. PIPING SYSTEM TYPE (ABOVEGROUND) information. CHECK ALL THAT APPLY.

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) tank's piping material and corrosion protection.

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used
467. PIPING LEAK DETECTION (ABOVEGROUND) to comply with the monitoring requirements for the piping.

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.